

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/006,627	01/13/98	<del>340</del> 435	<del>2736</del> 1652	GM10127

APPLICANT NICOLA GAIL WALLIS, WAYNE, PA; LISA KATHLEEN SHILLING, NEWTOWN, PA;  
 JAFFREY L. MOONEY, LIMERICK, PA; CHRISTINE DEBOUCK, WAYNE, PA; YI YI  
 ZHONG, AUDUBON, PA; DEBORAH DEE JAWORSKI, NORRISTOWN, PA; MIN WANG,  
 BLUE BELL, PA; JOHN PETER THROUP, ROYERSFORD, PA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

NONE re.

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

NONE re.

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

NONE re.

FOREIGN FILING LICENSE GRANTED 03/10/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	Examiner's Initials	Initials	PA	0	24	8

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 1717 ARCH STREET  
 PHILADELPHIA PA 19103-2793

TITLE HISTIDINE KINASE

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,418		



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**\*BIBDATASHEET\***

Bib Data Sheet

**CONFIRMATION NO. 3981**

SERIAL NUMBER 09/006,627	FILING DATE 01/13/1998  RULE	CLASS 435	GROUP ART UNIT 1652	ATTORNEY DOCKET NO. GM10127
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## APPLICANTS

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 MIN WANG, BLUE BELL, PA;  
 JOHN PETER THROUP, ROYERSFORD, PA;

\*\* CONTINUING DATA \*\*\*\*\*

n.e.

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

n.e.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/10/1998

n.e.

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>n.e.</u> Initials	STATE OR COUNTRY PA	SHEETS DRAWING	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 8
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## TITLE

HISTIDINE KINASE

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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